

Aim: To determine the regional incidence of metachronous inguinal hernia (MH) in children up to 50 weeks gestation at initial operation. To compare this with literature regarding contralateral patent deep inguinal ring detection at laparoscopic inguinal herniotomy.

Methods: Retrospective audit of open inguinal herniotomy performed in sample group (January 2006 to December 2008). Data recorded were:—patient demographics, birth/operation gestation/weight, operation date, primary side, operator, Consultant, follow-up and complications. Analysed in Microsoft Excel. Results given as median (range).

Results: A total of 132 patients: 122 (92%) males and 10 (8%) females: 117 (89%) unilateral, (45—left, 72—right). Chief parameters for unilateral cases: Weight-4.09kg (1.54–6.3); Gestation at operation— 44weeks (34–50); 115 (98.3%) elective, 2 (1.7%) emergency presentations. Nine (7.7%) represented with MH (all males) — 33% primary left-sided and 66% primary right-sided. Median time to operation on the contra-lateral side 78 days (2–414). Median case note review 56 months post initial surgery (37– 72).

Conclusion: Of 117 patients who presented with unilateral hernia, 9 (7.7%) developed a contralateral hernia. This is comparable with the incidence of MH in open herniotomy in the published literature and considerably lower than the incidence of patent deep ring identified at the time of laparoscopic hernia repair.

PLASTIC SURGERY

0068: GUIDELINES FOR PRE-HOSPITAL MANAGEMENT OF AMPUTATED DIGITS

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Aim: Hand trauma accounts for 20% of admissions to the Emergency Department. Nevertheless, there are currently no evidence based guidelines on the pre-hospital management of amputated digits. We review and summarise the literature as well as demonstrate the need for further education and public awareness of this common problem.

Method: A literature review on guidelines for pre-hospital management of amputated digits was performed using PubMed online and a web-based search engine. 100 UK based consultants and plastic surgery trainees were invited to submit details of anecdotal cases of unusual pre-hospital management of patients and/or their amputated digits. An online survey of over 200 lay individuals was circulated, asking them what they thought was the correct management of digital amputation.

Results: Recommended management in the literature shows some subtle variations. We report interesting anecdotal evidence of grossly incorrect management. Furthermore, only 55.2% of lay individuals knew the correct method of transportation of the amputated digit, and only 2.5% knew the correct maximal interval from injury to replantation.

Conclusions: We highlight the need for increasing public awareness as well as educating medical and allied health professionals via recognised guidelines to ensure a uniform and effective approach to this common surgical emergency.

0099: ARE PUBLIC AWARENESS CAMPAIGNS IMPROVING EARLY RECOGNITION OF MELANOMA?

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Introduction and Aims: The last 20 years has seen a marked improvement in skin cancer awareness campaigns. We sought to establish whether there has been a reduction in the presentation of thick melanomas.

Materials and Methods: This is a retrospective study looking at the first presentation of melanomas from 2003–2011. Data was accessed using the local online melanoma database.

Key Results with Supporting Statistical Analysis: A total of 1689 new melanomas presented from 2003–2011 (Male: Female = 1:1.062). The average yearly number of melanomas was 189 (range = 138–214). The mean age was 62.5 years (range 12–99).

Data was analysed using a Chi² test. For 0–1mm melanomas, there is a significant difference in the observed versus expected values over the 9 years ($p=0.0018$).

There are an increasing proportion of 0–1mm (thin) melanomas presenting year on year, with a positive linear trend. This is statistically significant ($p<0.0001$).

Conclusion(s): The proportion of thin melanomas presenting in South West England has significantly increased from 2003 to 2011. This may be a result of increased public awareness due to effective public health campaigns which has significant prognostic and financial implications

0122: APERT SYNDROME: A CONSENSUS ON THE MANAGEMENT OF APERT HANDS

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Aims: Apert Syndrome is a congenital condition characterised by primary craniosynostosis, midfacial malformations and complex symmetrical malformations of the hands and feet. The hands demonstrate a complex spectrum of disturbances and are one of the most challenging collections of congenital upper limb deformities for the paediatric hand surgeon. This study, in collaboration with The Healing Foundation, examines the extant literature and current UK practice regarding the management of Apert hands in order to provide a basis for guideline development.

Method: The current literature was reviewed and the major UK craniofacial centres were consulted.

Results: Management of the Apert hand is largely dictated by the degree of malformation present. Although all units aim to achieve a five digit hand, variation in the timing of surgery, operative protocols and mobilisation policies exist. No formal management algorithms exist regarding the timing, sequence and technical aspects of hand surgery.

Conclusion: Hand pathology in Apert syndrome varies considerably and a multidisciplinary approach to management is fundamental in optimising the regain of function and aesthetically acceptable hands. Further research should incorporate expert opinion with multicentre retrospective case analysis to clarify treatment principles and reduce inter-centre management variation.

0148: OUTCOMES FOLLOWING EARLY REMOVAL OF DRAINS AFTER BILATERAL BREAST REDUCTION

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Aim: To assess the impact on the length of stay and complications after removal of drains on the first post-operative day regardless of the output.

Methods: Retrospective and prospective data were collected from the EPS database between 2006–2008 and again between 2009–2011. In the initial period patients were admitted the night before surgery and any drains were removed when $< 30\text{ml} / 24\text{hrs}$. In the second period of study patients were admitted on the day of surgery drains were removed on the 1st postoperative day irrespective of volumes. We compared the length of inpatient-stay and complication rates for the two patient groups. Data was analysed with SPSS.

Results: 128 and 124 cases were identified in each of the study groups. The total numbers of inpatient days were 258 and 218 days respectively. Complications were observed in 10/128 patients in the first group with 4 patients requiring a return to theatre. In the second group 9/124 patients experienced complications with 7 requiring a return to theatre. All returns to theatres from both groups were for haematoma.

Conclusion: Day of surgery admissions and early drain removal lead to a 40 day reduction in length of stay without significant increase in complication rates.

0259: USE OF ERBIUM LASER FOR TREATMENT OF GIANT CONGENITAL MELANOCYTIC NAEVI, OUTCOMES OVER A FIFTEEN YEAR PERIOD

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Background: A number of treatment strategies including laser in addition to surgical excision have been used to treat giant (CMN), this study aims to assess the effectiveness of Erbium laser treatment and investigate the complication rates and presence of any accelerated malignant transformation over a fifteen year period.

Material and Methods: a retrospective review of 20 patients with giant CMN treated with Erbium laser in our unit since 1998. We evaluated the outcomes of success of treatment; number of sessions required and complications of therapy, patient satisfaction and malignant transformation were recorded.